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ABSTRACT

Mexican women tend to have limited access to medical and mental health care resources. Some of the common clinical issues experienced by Mexican woman are psychological conflict, depression, anxiety, and psychosomatic symptoms. Appropriate treatment approaches for therapy varies depending on the nature of the presenting problem. If clinical issues are intrapsychic, introspective or behavioral approaches to mental health treatment may be appropriate. If issues are external in nature, therapy may be aimed at social action and alleviating the problems of poverty and discrimination. There is a social-cultural situation for some women known as "Marias" living in large urban cities. These poor, uneducated women are highly discriminated against and very isolated. Just like other Mexican women, the "Marias" rarely seek help on their own and use an authority figure to intercede for them. An important part of counseling Mexican women is considering their psychosocial, economic, and political situation. Family therapy is often recommended in working with Mexican women due to the importance of the extended family, and group therapy may be beneficial. Cuento (folklore) therapy may be appropriate with the children. (Contains 13 references.) (Author/JDM)

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Running head: MEXICAN CULTURE AND CLINICAL ISSUES

Converging Forces: Mexican Culture and Clinical Issues of Mexican Women

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Introduction

Mexico is a large country having a diverse range of cultural and ethnic backgrounds represented. As such, it is impossible to account for the many individual differences found between Mexican women. In general, Mexican women experience and face a wide range of clinical issues that are heavily influenced by the values and beliefs of their culture, which also vary somewhat regionally.

The effects of socioeconomic status and sociopolitical issues have an enormous impact on the clinical issues which Mexican women face. Mexican women have fewer economic resources and employment opportunities than Mexican men. Strongly defined sex roles also play a part in the clinical repercussions of life for women in Mexico. Additional cultural influences will be described in the presentation.

Many of the problems of Mexican women result from external sources including poverty, poor nutrition, and exposure to pathogenic agents (Phinney & Rotheram, 1987). Mexican women often suffer stresses involved with situations such as inadequate food and shelter, unemployment, and stressful interactions within the sociopolitical system. Symptoms of these stresses are often similar to those displayed during personal conflicts. In addition, the Catholic Church continues to play an important role in the family life of Mexican women, and some life events may be attributed to luck, supernatural forces, or acts of God. This fatalism has been linked to a high prevalence of depression in Mexicans. Other clinical issues are intra-psychic, and may include common psychiatric conditions such as psychological conflict, depression, anxiety, and psychosomatic symptoms.

Mexican women tend to have limited access to medical and mental health care resources, including information about clinical issues and their treatment. Treatment approaches utilized are

partially dependent upon the nature (e.g., intra-psychic versus external) of the problem. Approaches to treatment will be summarized and, given time, a clinical case study may be presented.

Sociocultural Issues Impacting Mental Health

Sociocultural factors such as gender role definition, socioeconomic status, and sociopolitical issues play an important role in the mental health of Mexican women.

Gender Roles

Strongly defined sex roles play a part in the way of life of Mexican women. Some of the cultural issues and beliefs that Mexican women contend with may include machismo ("Submissive women are best. Men are more intelligent than women."), affiliative obedience ("One should never question the word of a mother."), value of virginity ("to be a virgin is of much importance for single women."), abnegation ("Women suffer more during their life than men."), fear of authority ("Many children fear their parents."), family status quo (A good wife should always be faithful and loyal to her husband."), respect over love (It is more important to respect than to love a parent."), family honor ("A woman who dishonors her family should be punished severely.", and cultural rigidity ("Young women should not go out alone at night with men." (Diaz-Guerrero, 1987). In contrast to machismo, marianismo, or the idealizing of women, has to do with female spiritual superiority which teaches that women are semi-divine and morally superior to men, and is directly connected to the veneration of the Virgin Mary in Mexican Catholicism (Arredondo, 1991). Marianismo creates a double bind for Mexican women.

Women are taught to be selfless and to sacrifice. Although women are seen as the perpetuators of the culture, they are still caught in the interface of family structure that reinforces dependence and subordination (Julia, 1989).

Religious Issues

The Catholic Church continues to play an important role in Mexican family life, and some life events may be attributed to luck, supernatural forces, or acts of God. Mexican women may thus develop a strong external locus of control and may see mental health issues as largely out of human control and potentially unchangeable.

Socioeconomic Issues

External factors including poverty, poor nutrition, and exposure to pathogenic agents may create problems for Mexican women (Phinney & Rotheram, 1987). For example, Mexican women suffer from the stress of inadequate food and shelter, unemployment, and negative interactions within the sociopolitical system.

Unemployment and Underemployment

Mexican women generally have fewer economic resources and employment opportunities than do Mexican men. High rates of unemployment and underemployment make Mexican women susceptible to other types of problems such as poverty and physical illness due to poor nutrition.

Employment and Fertility Issues

Mexican women factory workers at times have to choose between their jobs and their reproductive rights in the *maquiladoras* where factories rely mainly on the female labor force (Fadope, 1996). The *maquiladora* employers do not hire pregnant female employees, those who might become pregnant, and women who use contraceptives. The Mexican government encourages companies to discourage pregnancy, which in essence is pregnancy-based discrimination.

Being pregnant or expressing an intention to become pregnant is the same as declaring oneself unemployable. The maquiladora sector relies heavily on Mexico's female labor force, who employers believe work harder for less money, are more docile, and less likely to unionize and are physically more qualified for factory work (Fadope, 1996).

Pregnancy can raise the cost of women workers since Mexican law requires employers to provide women with 12 weeks of paid maternity leave and an option for an additional 60 days at 50 percent salary. Employers are also legally required to protect pregnant women from performing tasks that would endanger their health or that of their fetus (Fadope, 1996). Employers attempt to weed out pregnant female employees, or women who might become pregnant from the applicant pool or soon after they begin work. Pregnancy-based discrimination is a widespread practice by subsidiaries of U.S. and Japanese-owned corporations.

The Mexican government implicitly encourages companies to discourage pregnancy as a form of population control. Many women not eligible for government social security seek employment in the maquiladoras as a way to obtain insurance when they are pregnant. The Mexican government should discourage pregnancy screening by providing full coverage for all women. Pre-employment examinations including pregnancy screening are vital for maquiladora employers to avert financial liability for any pre-existing medical condition, including pregnancy (Fadope, 1996).

Women applicants in the maquiladora sector are often asked intrusive questions to determine their pregnancy status. Questions about menstrual schedule, whether they are sexually active, or what type of birth control they use are routine. Maquiladora employers require women to submit to pregnancy tests as a condition of employment. Women discovered to be pregnant are routinely denied work (Fadope, 1996).

After being hired, women continue to be monitored for their pregnancy status. Some managers attempt to reassign pregnant women to more physically difficult work, with the result that pregnant women workers are forced to resign their positions. Women workers are very reluctant to challenge pregnancy-based discrimination because of their own economic desperation. Outside the maquiladoras, the only employment option for urbanized Mexican women is low-paid domestic work (Fadope, 1996).

Epidemiology of Mental Pathology in Mexico

Psychiatric hospitals have always been a good information source regarding the severe mental problems of the population in Mexico (Medina Mora & Caraveo, 1997). In 1992, the Mexican Health Department (MHD) gathered data from 29 hospitals that enumerated the current serious mental disorders affecting men and women. In this study, the distribution of participants by gender was 60% men and 40% women. Most men interviewed were of ages 40 to 50 years, while most women interviewed were of ages 61 to 70 years.

The results from the MHD study revealed that most women admitted to the hospitals suffered from illnesses including Schizophrenia (29%), Chronic Psychosis (21%), and Affective Psychosis, while most men suffered from Schizophrenia (32%), Mental Retardation (32%), Chronic Psychosis (28%), Epilepsy (12%), Drug Addiction (7%), and Alcohol Abuse (6%). It is important to keep this data in perspective, since this study only took into consideration the mental illnesses of those people who were being cared for in hospitals. It is also important to note that these participants were also above approximately 40 years of age. Reasons for this trend for participants to be older are unknown. However, this may reflect a tendency for older adults to have less support and access to caregivers outside of hospital care such as family and friends. In addition, it may reflect greater severity of symptom manifestation and resulting reduced ability

for non-professional caregivers to provide appropriate assistance. In terms of response rates, hospital patients make for a more captive participant pool and tend to have time to participate in activities as they arise.

Employment, Family, and Mental Health in Mexico

Fuente et al. (1997) compared the mental health of Mexican family women who work and those who do not work. The authors did not find significant differences between working mothers' emotional health and that of mothers who stayed at home with their children. However, the study produced evidence that the sons and daughters of working mothers developed more quickly than the children of non-working mothers. One limitation of this study was that conclusions exclude employment as a risk factor for depression among working, Mexican mothers who are married or living with a partner. However, results indicated that divorce increases the risk of emotional instability in the families of both working and non-working women in Mexico.

Common Clinical Issues

Some clinical issues experienced by Mexican women are intrapsychic, and may include common psychiatric conditions such as psychological conflict, depression, anxiety, and psychosomatic symptoms.

Depression in Mexican Women

Some of the sociocultural factors previously described may have an effect on rates of depression among Mexican women. For example, Vega et al. (1987) found that rates of depression were high among Mexican females in Tijuana and depression decreased with increased education and employment. In addition, fatalism reinforced by strong religious beliefs has also been linked to a high prevalence of depression in Mexicans.

Anxiety in Mexican Women

Anxiety disorders are common among Mexican women. Mexican women may experience symptoms of anxiety such as palpitations, dizziness, and insomnia.

Indian Women in Mexico: The "Marias"

Arizpe (1997) described the social-cultural situation of discrimination and isolation of the Mexican Indian women living in the large cities. The tool of survival of these women is to helping each other and creating a solid cultural identity, which is their trademark. These women are known as the "Marias". They dress alike, work selling food in the streets of Mexico City, and generally do not have any formal education. The "Marias" are highly discriminated against in Mexico and the government tends to ignore and isolate them. Government agencies often say they cannot help the "Marias", because they do not want to be helped. The assumption that these women do not want any help comes from the fact that they have a strong cultural identity. Arizpe (1997) has argued that the identity of the "Marias" is their guarantee of survival but this does not mean that these women do not want to be reached by social services and become more educated.

Help-Seeking Behaviors

Help is typically sought by Mexican women through an authority figure, such as a family member (most often), or police officer. Their children are typically more passively obedient and adapt to stress in the environment rather than trying to change it (Diaz-Guerrero, 1987). Health tends to be enhanced where flexibility is valued --- where women are capable of either affiliative obedience or active self-assertion, depending on the situation. Mexicans tend to select cooperative alternatives in problem solving and are cooperative in interpersonal activities. Mexicans also tend to be family-centered.

Mental Health Care Needs

Serious mental and emotional concerns have been expressed by young Mexican women (Russell et al., 1999). Likewise, data reported by the Mexican Health Department indicate that older Mexican women also suffer from serious emotional disturbances, some of which require hospital care (Medina Mora & Caraveo, 1997). Mental health care workers must therefore recognize and be prepared to address intense personal distress in Mexican females of all ages (Russell et al., 1999; Medina Mora & Caraveo, 1997).

Clinical Interventions

Mexican women tend to have limited access to medical and mental health care resources, including direct services as well as information about clinical issues and their treatment. Appropriate treatment approaches for therapy with Mexican women vary depending on the nature (e.g., intrapsychic versus external) of the presenting problem(s). For example, if clinical issues are intrapsychic, introspective or behavioral approaches to mental health treatment of Mexican women may be appropriate.

If issues are external in nature, therapy may be aimed at social action and alleviating social ills such as poverty and discrimination (Levine & Padilla, 1980). An important part of counseling Mexican women is considering psychosocial, economic, and political needs (Ponterotto, 1987). Family therapy is often recommended in working with Mexican women due to the importance of the extended family, and group therapy may also be beneficial. Cuento (folklore) therapy may be appropriate for the children of Mexican women.

References

Arizpe, L. (1997). El migrante indígena en la Ciudad de Mexico. In D. Heyck and M. Pagani (Eds.). Tradición y Cambio pp.145-149. Boston: McGraw Hill.

Arredondo, P. (1991). Counseling Latinas. In C. C. Lee, B. L. Richardson, & L. Bernard (Eds.). Multicultural issues in counseling: New approaches to diversity, (pp. 143-156). Alexandria, VA: American Association for Counseling and Development.

Diaz-Guerrero, R. (1987, Jan.-Jun.). El problema de la definicion operante de la identidad nacional mexicana. 2a parte. The issue of the operational definition of Mexican national identity: II. Revista Mexicana de Psicologia, 4(1), 25-28.

Fadope, C. M. (1996). Production vs. reproduction (choice between jobs and reproductive rights in Mexico). Multinational Monitor, 17(10), 8-12.

Fuente, R., Medina-Mora, M. E. & Caraveo J. (Eds.). (1997). Familia y salud mental. In R. Fuente, M. E. Medina-Mora, and J. Caraveo (Eds.). Salud Mental en México. México: Instituto Mexicano de Psiquiatría.

Levine, E. S., & Padilla, A. M. (1980). Crossing cultures in therapy: Pluralistic counseling for the Hispanic. Monterey, CA: Brooks-Cole.

Medina Mora, M. E., & Caraveo, J. (1997). Epidemiologia de la patologia mental (pp. 112-134). In R. Fuente, M. E. Medina-Mora, and J. Caraveo (Eds.). Salud Mental En Mexico. Mexico: Instituto Mexicano de Psiquiatria.

Phinney, J. S., & Rotheram, M. J. (Eds.) (1987). Children's ethnic socialization. Newbury Park: Sage.

Ponterotto, J. G. (1987). Counseling Mexican Americans: A multimodal approach. Journal of Counseling & Development Vol 65(6), 308-312.

Russell, A. Y., Williams, M. S., Farr, P. A., Schwab, A. J., & Plattsmier, S. (1999). The mental health status of young Hispanic women residing along the border: A twin cities comparison. Women & Health, 28(3), 15-32.

Salgado de Snyder, V. N. (1987). Factors associated with acculturative stress and depressive symptomatology among married Mexican immigrant women. Psychology of Women Quarterly Special Issue: Hispanic women and mental health, 11(4), 475-488.

Van Hook, M P. (1999). Women's help-seeking patterns for depression. Social Work in Health Care, 29(1), 15-34.

Vega, W. A., Kolody, B., Hough, R. L., & Figueroa, G. (1987). Depressive symptomatology in northern Mexico adults. American Journal of Public Health, 77(9), 1215-1218.